

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT

580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002

Phone (860) 561-7900*****Fax (860) 561-7918

2020 Application for Food License***Expires Annually on December 31st*********ALL SECTIONS MUST BE FILLED IN********FOR OFFICE USE ONLY**

Class: _____

Fee Paid: \$ _____

Check/M.O#: _____

Rcpt.#: _____

Establishment Name _____

Business Phone # _____ Fax# _____

Establishment Address _____
Street

Town

State

Zip Code

Mailing/Billing Address _____
(if different from above) Street

Town

State

Zip Code

Seating Capacity _____ Hours of Operation _____

Owner's Name(s) _____

Officers' Names (if incorporated) _____

Owner's Address _____
Street

Town

State

Zip Code

Owner's Home Phone # _____ Owner's E-Mail _____

Name of Certified Food Protection Manager: _____

Required for Class 2, 3, & 4 establishments

**** A copy of current certificate is required with this application. Expired certificates are not valid. ****

After Hours Contact Information: Name _____ Phone _____

Specialized Cook Processes: (Please check all processes used in food establishment)☐ Reduced Oxygen Packaging/Sous Vide☐ Live Molluscan Shellfish Tanks☐ Acidation of Sushi Rice☐ Use of Food Additives☐ Smoking☐ Sprouted Seeds☐ Curing☐ Custom Processing of Animals☐ Processing and Packaging Juice☐ Other: _____

THE UNDERSIGNED AGREES TO COMPLY WITH ALL OF THE REGULATIONS & ORDINANCES ENFORCED BY THE WHBHD.
THE WHBHD MUST BE NOTIFIED IF THERE ARE CHANGES IN THE MENU, FACILITY, FOOD PROTECTION MANAGER,
EQUIPMENT OR ANY OF THE ABOVE LISTED INFORMATION.

Applicant (Please Print)_____
Applicant's Signature